

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **31306**

FILED SEP 19 1951

Registrar's No. **6617**

BIRTH NO. _____		REG. DIST. NO. <b>E.001</b>		PRIMARY REG. DIST. NO. <b>81E</b>		Registrar's No. <b>6617</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>2 hrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Berkeley</b>		<b>4091</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>6051 Dowling Ave.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Fred</b>		b. (Middle) <b>E.</b>		c. (Last) <b>Berkley</b>	
5. SEX <b>Male</b> <input checked="" type="checkbox"/> <b>Female</b> <input type="checkbox"/>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 5, 1892</b>	
9. AGE (In years last birthday) <b>58</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Acting Supervisor</b>		11. BIRTHPLACE (State or foreign country) <b>Madison, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>James D. Berkley</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Morris</b>		14. NAME OF HUSBAND OR WIFE <b>Marjorie C. Berkley</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-10-4065</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Marjorie C. Berkley, 6051 Dowling Av.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2 hrs.</b>			
ANTECEDENT CAUSES DUE TO (b) <b>Hypertensive cardio-vascular disease</b>				10 yrs			
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>443X</b>			
22. I hereby certify that I attended the deceased from <b>Aug</b> , 19 <b>46</b> , to <b>July 22</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>22 July, 1951</b> , and that death occurred at <b>11:35 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Frank S. Gentry</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>2122 Pleasant</b>		23c. DATE SIGNED <b>Aug 1, 1951</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/25/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Madison, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>JUL 24 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Luster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>White Chapel, Ferguson, Missouri.</b>			

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*J. M. White*

Licensed Embalmer No. *3973*

P. O. Address *Bergman, S.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.